

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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MAINE ETHICS COMMISSION

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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISI	LATOR INFORMATIO	N		
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CHARLES R. PRIEST			Anato de difficulta	Member of.	☐ Senate
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Name of Employer Address				Principal Type of Economic Activity of Employer	
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DISTRICT					
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PART 2. IN	COME DER	RIVED FROM SELF-EI	MPLOYMENT		
	or Legislator	rs who are self-employ	(ed)		
List the name and address of your burived income. If associated with a partness of economic activity of that entity.	siness, if a ership, firm	ny, and list the major, professional associa	areas of econdition, or similar b	omic activity from the substitution of the sub	om which yo , list the majo
			Major Areas of Economic Economic Activity elf) (partnership, association or sim		
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PART 2 (continued), INCOME DEI	RIVED FROM SELF-EMPLOY  o are self-employed.)	MENT	
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived.	presents more than 10% of your entity or person from whom you d	erived such income. If this form of	
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name: Address:		GOVERNMENT EMPLYMENT	
Name:	udirect inner ann ar meann an ann a 1964 a tha thairm ann ann a mach	SCHOOL BOARDS AND EDUCATION UNIONS	
Address:  PART 3. MAJOR AF  (For Legislators who are	Attigation of the control of the Committee of the control of the c		
List your major areas of practice. If associated with a law firm, list the		firm.	
Name and Address of Firm	Major Areas of Prac (self)	none and the months and party control of the party of the	
Name: LAW OFFICE OF CHARLES PRIEST	DISABILITY RETIREMENT		
Address: 31 GROVE ST. Augusta, 04330	WORKER'S COM		
Name:	PACT FINDING	=oR	
Address:	MAINE LARGE. 1		
PART 4: OTHER SO	URCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include	gifts. If none, check the box.	
☐ None			
Name and Address of Source	C 6.19	Kind of Income (investments, leases, etc.)	
Name: EDWARD JENES		INVESTMENTS	
Address: 201 Progress Parkway, Mary land Maghts, MOG	3043-3042-	and a second to the second	
Name:		- - ,	
Address:			
PART 5. REPORT	ABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box	reporting period, and list the major	
None	omeration (Company) (Compa	The state of the s	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:			
Address:			
Name:			
Address:			
PART 6. REPO	RTABLE GIFTS		
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	than \$300 from a single source. If	
None			
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PART 8. REPRES	ENTATION BI	FORES	TATE /	ACENCIES
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☐ None	The second secon	**************************************	A Calebration products; (1772)	
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NAME:	DATE:
ADDRESS:	
	ADDITIONAL INFORMATION
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the
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